

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		3/27-00
O.I.P.E. CLASSIFIER	DW	37	3/31
FORMALITY REVIEW		64853	3/23/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 - ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	158 30
2	
3	
4	
5	
6	
7	
8	
9	
10	160 30
11	
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15	
16	
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19	
20	170 30
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27	
28	
29	
30	180 30
31	
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33	
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35	
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37	
38	
39	
40	190 30
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	200 30

Claim	Date
Final Original	
51	210 30
52	212 30
53	
54	
55	
56	
57	
58	
59	214 30
60	216 30
61	
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64	
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66	
67	
68	
69	
70	220 30
71	
72	
73	
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76	
77	
78	
79	
80	230 30
81	
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83	
84	
85	
86	
87	
88	
89	
90	240 30
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	250 40

Claim	Date
Final Original	
101	260 40
102	
103	
104	
105	
106	
107	
108	
109	
110	270 40
111	
112	410
113	411
114	412
115	413
116	414
117	415
118	416
119	417
120	280 420
121	421
122	422
123	423
124	424
125	425
126	426
127	427
128	428
129	429
130	290 430
131	
132	
133	
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135	
136	
137	
138	
139	
140	300 440
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148	
149	
150	310 450

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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